

RESOLUTION BY:

FINANCE/EXECUTIVE COMMITTEE

00- R -1688

**AUTHORIZING REFUNDS FOR THE OVERPAYMENT OF BUSINESS
LICENSE FEES TO INNOVATIONS IN CONTEMPORARY FU #007813 LGB IN
THE AMOUNT OF \$5,326.70; AND FOR OTHER PURPOSES.**

WHEREAS, a commercial enterprise has overpaid its business license fees and is due a refund which has been verified by the Business License Division.

NOW THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF ATLANTA, GEORGIA that the Mayor or his designee be and is hereby authorized to issue a refund check to the following party in the amount indicated:

<u>ACCOUNT NAME</u>	<u>PAYEE</u>	<u>ACCOUNT NUMBER</u>	<u>AMOUNT</u>
Innovations In Contemporary Fu	Innovations In Contemporary Fu 1011 Monroe Dr., NE Atlanta, Georgia 30306	007813 LGB	\$5,326.70

BE IT FURTHER RESOLVED that said refund shall be charged to and paid from:
FAC 1A01 529010 T31001.

INNOVATIONS MODERN CLASSIC FURNITURE

P.O. BOX 8399 404-881-1011
ATLANTA, GA 31106

09847

DATE 2/15/00

61-08/620



PAY TO THE ORDER OF

City of Atlanta Bureau of Tax Div. \$ 5326.76
Five Thousand Three Hundred Twenty Six and 76/100 DOLLARS

OR

⑈009847⑈ ⑈062202419⑈52 70985249⑈

Return to Office

OF BUSINESS AFFAIRS IN CITY OF ATLANTA		NAME OF OWNER(S) & RESIDENCE ADDRESS	NAME	STREET	CITY, STATE, ZIP CODE	TELEPHONE
6			Craig White	1029 Rosewood Lane	Atlanta GA 30306	881 1011
7			Ron White	1029 Rosewood Lane	Atlanta GA 30306	881 1011
8			Phil Lancaster		Atlanta GA 30306	881 1011

CERTIFICATION: THE INFORMATION HEREIN IS REQUIRED BY SECTION 30. 68 1985 CODE OF ORDINANCES OF THE CITY OF ATLANTA, GEORGIA.

I (NAME) Melissa Doolittle BEING THE (TITLE) Asst. Controller

TELEPHONE AREA 404 NO. 881 1011 OF THE BUSINESS FIRM NAMED, DO

HEREBY REGISTER AND APPLY FOR A BUSINESS LICENSE TO OPERATE SAID BUSINESS WITH DOMINANT BUSINESS ACTIVITY

OF (EXPLAIN TYPE OF BUSINESS) Retail Furniture Sales

ACCORDING TO THE CLASSIFICATION INDEX OF THE BUSINESS TAX ORDINANCE, CITY OF ATLANTA, GEORGIA, THE UNDERSIGNED CERTIFIES THAT HE IS THE PERSON DULY AUTHORIZED BY THE BUSINESS HEREIN NAMED TO FILE THIS REGISTRATION AND APPLICATION FOR A LICENSE, INCLUDING THE ACCOMPANYING SCHEDULES AND STATEMENTS, AND THAT THE SAME ARE TRUE, CORRECT AND COMPLETE.

APPLICANT SIGNATURE Melissa Doolittle

THE 15 DAY OF February 2000

CITY OF ATLANTA ZONING DIV. USE ONLY

ZONING APPR. _____ DENIED _____
CONDITIONS _____
LOT _____ DIST _____ ZONING DISTR. _____
BY _____ DATE _____

NOTICE
IF YOU CURRENTLY SUB-LEASE OR SHARE SPACE WITH ANOTHER COMPANY - SHOW THEIR NAME HERE

BUSINESS NAME INNOVATIONS IN CONTINENTAL
BUSINESS LOCATION 011 MONROE DR SE
ATLANTA GA 30306
BUSINESS TAX NUMBER 007733 156

MAIL NAME
(Correct on line 3 at five)
MAIL ADDRESS INNOVATIONS IN CONTINENTAL
(Correct on line 3 above) P.O. BOX 8399
ATLANTA GA 30306

ATLANTA USE ONLY
STD IND CL NO 71 DATE FILED
NILES 1999 ACTUAL EMPLOYEES 27
REVENUE 5,276,274
Indicate \$0
ATLANTA REVENUE ONLY
☒ NO CHANGE ☐ NO CHANGE
ZIP CODE 30306
ZIP CODE 31106
ZIP CODE 31106

A
STATE, ZIP CODE Atlanta GA 30305
CITY, STATE, ZIP CODE Atlanta GA 30306
CITY, STATE, ZIP CODE Atlanta GA 30306
CITY, STATE, ZIP CODE Atlanta GA 30306

REPORT CHANGE IN LOCATION / MAILING ADDRESS PROMPTLY TO BUSINESS TAX DIVISION

• RETURN ORIGINAL TO CITY OF ATLANTA • KEEP THE COPY FOR YOUR RECORDS
THIS IS NOT A BILL

INNOVATIONS

City of Atlanta
Business Tax Division
Attn: Jerome Bodiford, Bus. Tax Mgr.
55 Trinity Avenue
Suite 1350
Atlanta, GA 30385

August 7, 2000

Re: Request for Refund

Mr. Bodiford,

I am writing this letter to request a refund for duplicate payment of the business license tax for three of our entities. Not only did we mail a check with our return, but we also paid the bill that your division sent.

On account number 007813LGB, check number 9847 in the amount of \$5,326.70 was mailed in with the return. When the bill arrived, we sent a second check (Check number 44113 in the amount of \$5,941.39. ~~\$5,326.72~~ should have been applied to account number 007813LGB).

On account number 056100LGB, check number 228 in the amount of \$510.00 was mailed in with the return. When the billed arrived, we sent a second check (Check number 44113 in the amount of \$5,941.39. ~~\$560.00~~ should have been applied to account number 056100LGB).

On account number 078426LGB, check number 9846 in the amount of \$121.18 was mailed in with the return. When the billed arrived, we sent a second check (Check number 44113 in the amount of \$5,941.39. ~~\$54.67~~ should have been applied to account number 078426LGB).

According to my calculations, we are due a total refund of \$5,957.88. I would like a quick resolution to this situation. If you should have any questions, please feel free to call me at (404) 881-1011 ext. 117.

Sincerely,


Melissa Doolittle
Assistant Controller

BUSINESS TAX DIVISION

REFUND REQUEST FORM

Please process a refund on the following account:

ACCOUNT # & TYPE: 007813LGB

REFUND REQUESTED: Innovations In Contemporary Fu

AMOUNT REQUESTED: \$5,326.70

CONFIRMED BY: _____

DATE: 10/10/00

TO BE COMPLETED BY PROCESSOR ONLY

DATE D/B TYPED: _____

D/B APPROVED BY: 
BODIFORD, JEROME


DONALDSON, GARY

DATE SENT TO ACCOUNTS PAYABLE: _____

CHECK DATE & NUMBER: _____

COMPLETED, COPIED & FILED: _____

Copies given upon request only

Comments:

TRANSMITTAL FORM FOR LEGISLATION

To Mayor's Office: Greg Pridgeon
(for review & distribution to Executive Management)

Commissioner's Signature: _____ Director's Signature: 

From: Originating Dept: Finance/ Business License Contact (name): Jerome Bodford 330-6431

Committee(s) of Purview: Finance Committee Committee Deadline: _____

Committee Meeting Date(s): 11/1/00 City Council Meeting Date: 11/6/00

CAPTION: A Resolution authorizing refunds for the overpayment of Business License fees to Innovations In Contemporary Fu in the amount of \$5,326.70; and for other purposes.

BACKGROUND/PURPOSE/DISCUSSION:


The overpayment was made on their Business License fees resulting from duplicating payments. The Business has requested a refund of this overpayment.

FINANCIAL IMPACT (if any): Refund to be made from General Fund in the amount of \$5,326.70.

OTHER DEPARTMENT(S) IMPACTED: _____

Coordinated Review With: _____

Mayor's Staff Only

Received by Mayor's Office: 10/12/00 (date) Reviewed:  10/20/00 (initials) (date)

Submitted to Council: _____
(date)

Action by Committee: _____ Approved _____ Adversed _____ Held _____
Amended
_____ Substitute _____ Referred _____ Other